



Atty's Docket No. P-12552

EXPRESS MAIL NO. EM368672555US

In re application of:

Gary K. Michelson

Serial No.:

08/480,908

Filing Date:

June 7, 1995

For:

THREADED FRUSTO-CONICAL INTERBODY SPINAL

FUSION IMPLANTS

Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an Amendment the aboveidentified application.

XXX

Communication correction of Filing Receipt

XXX

An Information Disclosure Statement, List of cited references, and a check in the amount of \$230.00 are enclosed.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL	142	MINUS	·· 142	= 0	
INDEP.	. 2	MINUS	5	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

. 3)	j	SMALL ENTITY			
ENT RA		RATE	ADD'L FEE		
		x 11 =	\$ 0		
		x 40 =	\$ O		
		+ 120 =	s 0		
ADDIT	'IONAL	FEE TOTAL	\$ O		

	OTHER THAN A	SMALL ENTITY
<u>OR</u>	RATE	ADD'L FEE
<u>OR</u>	x 22 =	\$ O
<u>OR</u>	x 80 =	\$ O
<u>OR</u>	+ 240 =	s 0
<u>OR</u>	TOTAL	\$ 0

A check in the amount of \$00.00 is attached to cover the

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

fee for the attached amendment.

A check in the amount of \$00.00 is attached to cover the fee for the attached three-month petition for extension of time.

XX The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 01-2138 under the name of Lewis Anten, a professional corporation. Two duplicate copies of this sheet are attached.

X Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 C.F.R. § 1.17.

Reg. No.

7-9-97

X

Date

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

EXPRESS MAIL NO. EM368672555US

Serial No.:

08/480,908

Filing Date:

June 7, 1995

Applicant:

Michelson, Gary K.

For:

THREADED FRUSTO-CONICAL

INTERBODY SPINAL FUSION IMPLANTS

Examiner:

Brown, M.

Art Unit:

3308

Atty's Docket No.:

P-12552

Assistant Commissioner For Patents Washington, D.C. 20231

ATTN: APPLICATION PROCESSING DIVISION CUSTOMER CORRECTION BRANCH

## COMMUNICATION CORRECTING FILING RECEIPT

Sir:

Enclosed is a copy of the Filing Receipt (with the changes noted thereon) for the above-identified patent application. The Filing Receipt contains an error in the Continuing Data as claimed by Applicant. The Continuing Data has been amended to recite that application serial no. 08/074,781 is a continuation-in-part of application serial no. 07/968,240 which is a continuation of application serial no. 07/698,674. The Continuing Data has also been amended to recite issued patent numbers. Correction of the Filing Receipt is requested.

Should you have any further questions, please contact the undersigned directly.

Respectfully submitted,

Dated: 7-9-97

Ameded Perraro, Reg. No. 37,129 Law Offices of Lewis Anten, P.C.

Actorneys for Applicant 16830 Ventura Boulevard

Suite 411

Encino, California 91436 Voice: (818) 501-3535 Fax: (818) 501-3618 PTO-103. (Rev. 8-95)

FILING RECEIPT

CORRECTED



UNITED STATES L Patent and Trademark Office **ASSISTANT SECRETARY AND COMMISSIONER** OF PATENTS AND TRADEMARKS Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
08/480,908	06/07/95	3301	\$2,530.00	P-12552	4	97	4

LEWIS ANTEN SUITE 411 16830 VENTURA BOULEVARD ENCINO CA 91436

RECEIVED

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NETTA RIVEL A PROFESSIONAL CREATION

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

GARY K. MICHELSON, VENICE, CA.

968, 240 10/29/92

PAT 5,484,437

CONTINUING DATA AS CLAIMED BY APPLICANT-

08/3/6,414 02/27/95THIS APPLN IS A CIP OF

08/074,781 06/10/93 07/6<del>98,674 05/10/93</del> WHICH IS A CIP OF

WHICH IS A CIP OF WHICH IS A DIV OF

07/205,935 06/13/88 PAT 5,015,247 08/390,131 02/17/95 PAT 5,593,409 AND A CIP OF

WHICH IS A CON OF 07/698, 674 5/10/91

FOREIGN FILING LICENSE GRANTED 09/19/95

TITLE

THREADED FRUSTO-CONICAL INTERBODY SPINAL FUSION IMPLANTS

PRELIMINARY CLASS: 606